Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services

VISN 2

Market Plans

Attention

The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

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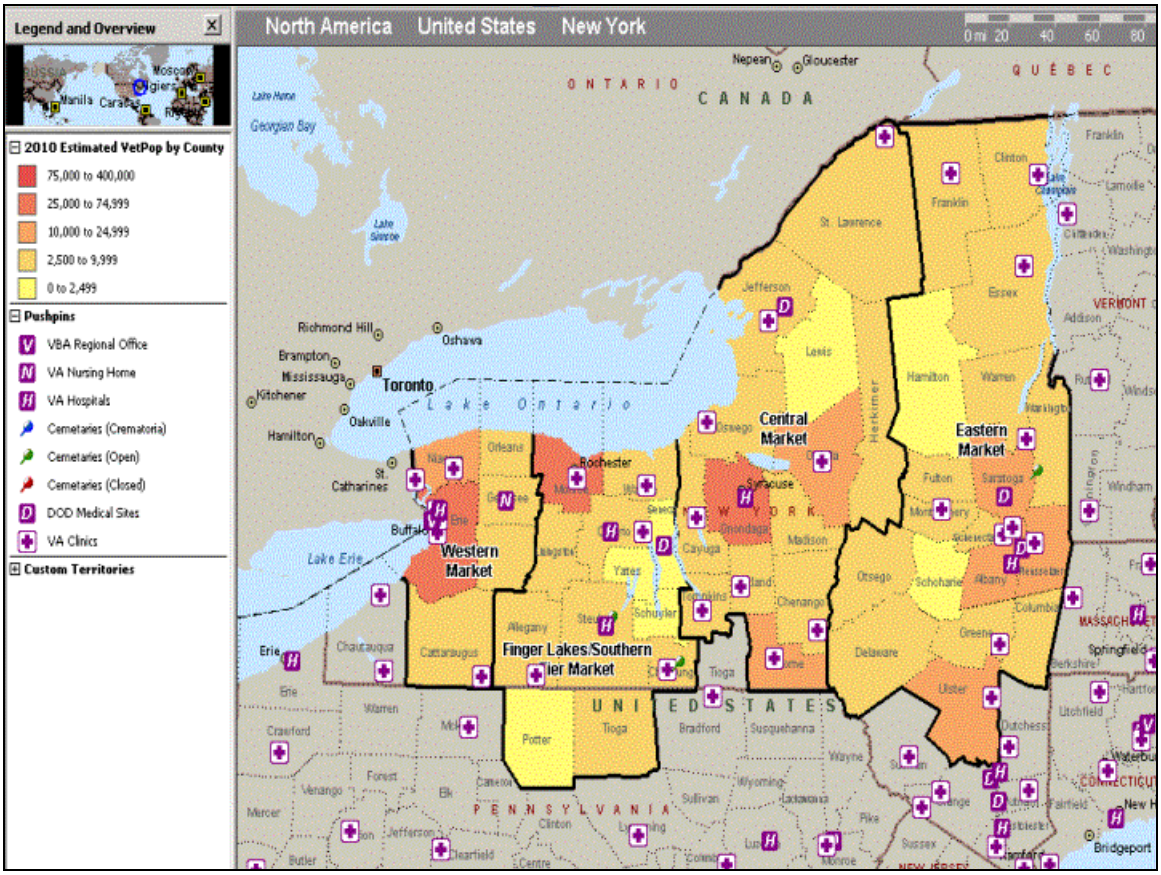
I. VISN Level Information

A. Description of the Network/Market/Facilities

1. Map of VISN Markets



2. Market Definitions

Market Designation: VISN 2 CARES is proposing 4 CARES markets and two sub-markets, as follows, including the rationale for each:

Market	Includes	Rationale	Shared Counties
Eastern Market **Code: 2A**	18 New York Counties around Albany	The Eastern market surrounds the city of Albany and includes four moderately populated counties of Albany (23,774), Schenectady (12,861), Rensselaer (13,248) and Saratoga (16,582). It was constructed based upon an analysis of each county's referral patterns to CBOCs and inpatient facilities, and the proportional share of each county's veterans served. The 2001 veteran population & enrollment for the Eastern market is 138,709 veterans with 55,292 enrolled equating to a 39.9% market share.	The Eastern Market's Ulster County includes a significant number of shared patients with VISN 3, 35% of the total 2989 veterans treated. A significant number of the 2811 enrolled veterans from VISN 1's Berkshire, MA county receive inpatient services at the Albany VAMC (VISN 1 to include Berkshire County in planning process)
Central Market **Code: 2B**	13 New York Counties around Syracuse	The Central market includes the city of Syracuse and the largely populated county of Onondaga (38,726). It was constructed based upon an analysis of each county's referral patterns to CBOCs and inpatient facilities, and the proportional share of each county's veterans served. The 2001 veteran population & enrollment for the Central market is 144,935 veterans with 50,004 enrolled equating to a 34.5% market share.	No shared markets have been identified, with relatively few veterans shared with VISN 4's Tioga, NY county. (VISN 4 to include Tioga, NY in planning process)
II. Finger Lakes/Southern Tier Market code: 2C			
Sub-markets	**Includes**	**Rationale**	**Shared Counties**
Finger Lakes Sub Market **Code: 2C-1**	5 New York Counties around Rochester	The Finger Lakes Region was identified, encompassing highly populated Monroe County (55,121) as well as four more sparsely populated counties to the south and east of Rochester. The Finger Lakes Sub Market has a significantly high enrolled veteran population of 24,124.	

Southern Tier Sub Market **Code: 2C-2**	5 New York Counties 2 Pennsylvania Counties	The Southern Tier Region, consisting of 7 counties, contains a disproportionately high veteran market share of 50.3%, providing services to area veterans through Southern Tier community-based clinics and inpatient facilities. The Southern Tier Sub Market has a significantly high enrolled veteran population of 16,399.	The relatively small number of veterans in Potter, PA and Tioga, PA (1812, and 4474 respectively) do not require the creation of a shared market with VISN 4. (VISN 2 to include Potter, PA and Tioga, PA in planning process)
Western Market **Code: 2D**	6 New York Counties around Buffalo	The Western market includes the city of Buffalo and the largely populated county of Erie (84,027). It was constructed based upon an analysis of each county's referral patterns to CBOCs and inpatient facilities, and the proportional share of each county's veterans served. The 2001 veteran population & enrollment for the Western market is 124,052 veterans with 37,644 enrolled equating to a 30.3% market share.	No shared markets with VISN 4 have been identified among the six counties composing the Western Market. Of the 3742 veterans treated in VISN 4's Chautauqua, NY county, 2421 or 65% are now seen within VISN 2, primarily at the Jamestown and Dunkirk CBOCs. VISN 4 will include Chautauqua County in its planning process, unless an official re-designation is made from VISN 4 to VISN 2.

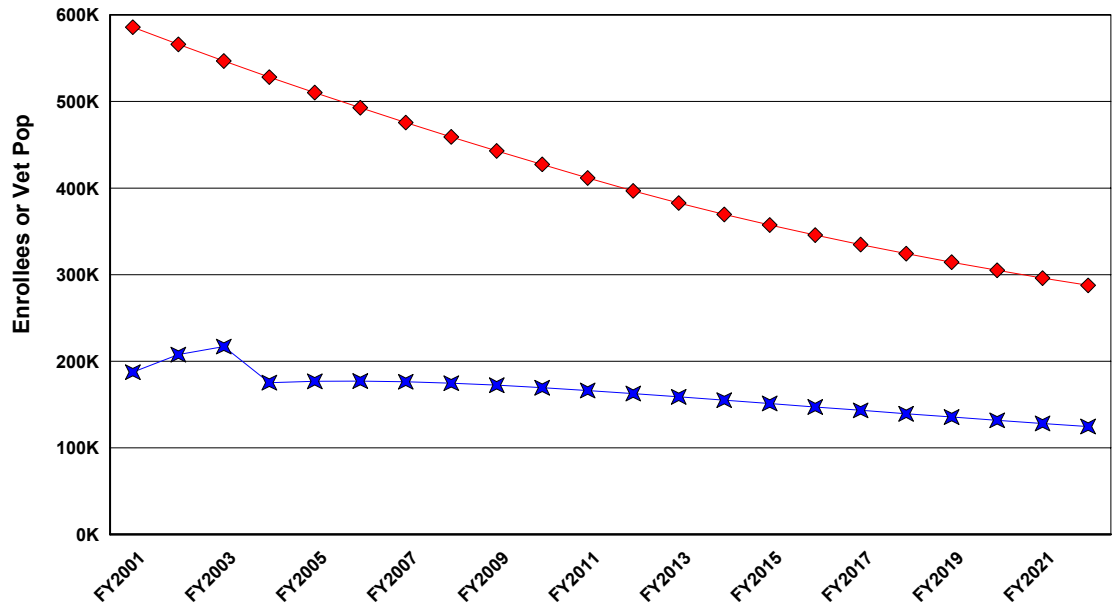
3. Facility List

VISN : 2				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Albany				
528A8 Albany	✔	✔	✔	-
528G1 Malone	✔	-	-	-
528G2 Elizabethtown	✔	-	-	-
528G3 Sidney	✔	-	-	-
528G6 Fonda	✔	-	-	-
528G7 Catskill	✔	-	-	-
528GT Glens Falls	✔	-	-	-
528GV Plattsburgh	✔	-	-	-
528GW Schenectady	✔	-	-	-
528GX Troy	✔	-	-	-
528GY Clifton Park	✔	-	-	-
528GZ Kingston	✔	-	-	-
Batavia				
528A4 Upstate New York HCS-Batavia	✔	-	-	-
Bath				
528A6 Bath	✔	✔	-	-
528G4 Elmira	✔	-	-	-
528G8 Wellsville	✔	-	-	-
Buffalo				
528 Upstate New York HCS	✔	✔	✔	-
528GB Jamestown	✔	-	-	-
528GC Dunkirk	✔	-	-	-
528GD Niagara Falls	✔	-	-	-
528GK Lockport	✔	-	-	-
528GQ Lackwanna	✔	-	-	-
528GR Olean	✔	-	-	-
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**

Canandaigua				
528A5 Canandaigua	✔	✔	-	-
528GE Rochester	✔	-	-	-
Syracuse				
528A7 Syracuse	✔	✔	✔	-
528G5 Auburn	✔	-	-	-
528G9 Cortland	✔	-	-	-
528GL Massena	✔	-	-	-
528GM Rome	✔	-	-	-
528GN Binghamton	✔	-	-	-
528GO Watertown	✔	-	-	-
528GP Oswego	✔	-	-	-

4. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

Effective Use of Resources		
PI?	**Issue**	**Rationale/Comments Re: PI**
N	Small Facility Planning Initiative	Bath and Batavia are projected to require fewer than 40 acute beds. (These 2 facilities have none projected for Surgery) Their missions are Long term care therefore we do not feel it should be a planning initiative.
N	Proximity 60 Mile Acute	No facility fell within the proximity gap
N	Proximity 120 Mile Tertiary	No facility fell within the proximity gap
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005.

b. Special Disabilities

Special Disabilities Program		
PI?	**Other Issues**	**Rationale/Comments**
N	Blind Rehabilitation	Establish Visual Impairment Services Outpt Program (VISOR)
Y	Spinal Cord Injury and Disorders	Spinal Cord Injury and Disorders Strategic Health Care Group recommending new 42 Bed SCI Center in VISN 2.

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	**Collaborative Opportunities**	**Rationale/Comments**
N	Enhanced Use	There are no EU initiatives planned. There are no EU opportunities identified as high potential
N	VBA	VBA currently shares some space at the Albany VA. No other opportunities were identified
Y	NCA	A possibility for an NCA expansion exists at Batavia
N	DOD	Syracuse currently partners with Ft. Drum for C&P. Buffalo also has sharing agreements with the Great Lakes Naval Command

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	**Other Issues**	**Rationale/Comments**
	None	

e. Market Capacity Planning Initiatives

Central Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	88,013		**89,360**	**102%**	44,510	**51%**
	Treating Facility Based **	88,508		**79,949**	**90%**	38,772	**44%**
Medicine	Population Based *	18,434		**702**	**4%**	(6,166)	**-33%**
	Treating Facility Based **	18,796		**1,483**	**8%**	(5,616)	**-30%**

Eastern Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	73,572		**87,542**	**119%**	51,294	**70%**
	Treating Facility Based **	72,968		**85,252**	**117%**	50,355	**69%**

Finger Lakes & Southern Tier Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	92,977		**46,510**	**50%**	12,239	**13%**
	Treating Facility Based **	86,240		**56,641**	**66%**	22,847	**26%**
Specialty Care	Population Based *	60,097		**61,315**	**102%**	32,186	**54%**
	Treating Facility Based **	42,343		**73,390**	**173%**	46,836	**111%**
Medicine	Population Based *	7,660		**6,849**	**89%**	1,777	**23%**
	Treating Facility Based **	4,640		**2,625**	**57%**	(89)	**-2%**

Western Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
	None.						

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

In developing the VISN 2 CARES Plan, we shared information and solicited input from a wide range of stakeholders across the Network. The Network Executive Leadership Council (ELC) of VISN 2 was the main coordinating body for the VISN wide CARES plan. Membership on the ELC includes all Network Medical Center Directors and Care Line Managers, the Director of the New York State Division of Veteran Affairs, the Directors of the two VBA Regional Offices that serve the VISN, Partnership representatives, employee veterans, VSO representatives, and others. In addition, when the discussion of the VISN 2 CARES plan was a major part of the ELC agenda, invitations to participate were sent to all of the VSO representatives that had been designated as VISN leads by their national ogranizations. At each Medical Center, CARES information was presented and input solicited from veterans groups, employees, volunteers, union representatives, VSO's and affiliated Medical Colleges. Congressional representatives and their staff were briefed on the VISN CARES initiatives. Information on CARES was included in the all employee newsletter, the volunteer newsletter, and Veterans Wellness, a publication mailed to all veteran enrollees in VISN 2. In addition, CARES communiques were developed for each Market and periodically sent out to all stakeholders. CARES information was placed on the VISN 2 website, with a linkage to the national CARES website and a comment box so that stakeholders could submit questions, concerns or comments directly via e-mail to a member of the Network CARES team. CARES comment cards and drop boxes were developed and placed in the main reception and patient care areas at VISN Medical Centers and CNOC's.

Perhaps due to the small number of Planning Initiatives identified for VISN 2, stakeholder comments and input were minimal, with one exception which is noted below. There were no access, proximity or small facility planning initiatives identified for VISN 2. The main concern raised by stakeholders in all Markets across the Network was the possible closing of VA healthcare facilities and potential loss of services. When stakeholders learned that nearly all of the PI's projected an increased demand for services for at least the next ten years, their concerns were allayed. Other comments received from stakeholders were: concern about the accuracy and validity of the projection data; lack of data and planning initiatives for Nursing Home care; and concern about the growing demand for specialty care services.

The one stakeholder group that had significant concerns about the CARES plan for VISN 2 was the Eastern Paralyzed Veterans of America (EPVA). EPVA's concerns were focused around the CARES planning initiative for the development of a 48-bed

SCI/D unit in VISN 2. On March 11, 2003, a meeting was held at the EPVA office in Jackson Heights, NY between EPVA and VISNs 2, 3, and 4 to discuss plans for caring for SCI/D patients across the three VISNs, particularly given the planned consolidation of the VISN 3 SCI/D program at the Bronx VAMC. Subsequent to this meeting, VISN 2 developed a planning intiative for the gradual expansion of SCI/D beds at the Syracuse VAMC to accomodate both acute and LTC needs. On April 4, 2003, a follow-up teleconference was held between EPVA and the three VISNs. EPVA was not supportive of VISN 2's incremental approach to meeting the projected SCI/D needs and did not feel that it was in keeping with the intent of the SCI/D program. Based on this feedback, VISN 2 developed two alternative plans for delivery of SCI/D care. One alternative involves constuction of new space at the Syracuse VAMC, movement of clinical and administrative functions from the VAMC to the new space, and renovation of space within the VAMC for a 48-bed SCI unit. The other alternative is consturction of a new SCI/D unit on the grounds of the Albany VAMC connected to the VAMC via a tunnel system.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

VISN 2 collaborated with the three VISN's immediately adjacent to our eastern, southern and western boundaries in developing our CARES initiatives. Because of the numerous CBOC's near VISN boundaries, we looked particularly closely at veterans obtaining primary care within one VISN and specialty care/inpatient care in another VISN. This movement of patients occurs along the VISN 2/VISN 1 border (CBOC's in Clinton County, NY and Bennington County, VT, VMACs in Albany, NY and White River Junction, VT), VISN 2/VISN 3 border (CBOC's in Ulster County and Sullivan County, VAMC's in Albany, Castle Point and Montrose) and VISN 2/VISN 4 border (CBOC's in Chautauqua County NY, VAMC's in Erie, PA and Buffalo, NY). After review and discussion, it was decided that the present primary care locations and referral patterns were appropriate for the veterans residing in these regions and that we would not attempt to redirect or limit the inter-VISN movement of patients.

There was also close collaboration between VISNs 2, 3, and 4 to develop a coordinated plan for the care of SCI patients across the three Networks. At present, VISN 2 has a total of 6 LTC SCI beds and no acute SCI beds across the VISN. While there is a SCI outpatient program at all three tertiary sites in VISN 2, most inpatient

care is referred to SCI Centers in other VISN's, with the majority of the patients receiving care from the Bronx VAMC or Castle Point in VISN 3. Proposed changes in the SCI program within VISN 3 that would impact on VISN 2 SCI referrals made it imperative that we undertake joint planning to meet the needs of the SCI veterans. A series of teleconferences were held during the months of March and April between the three VISNs and the Chief Consultant, SCI&D to discuss possible planning initiatives. The three VISNs also participated in a face to face meeting at the EPVA offices in Jackson Heights, NY and a subsequent teleconference to gether stakeholder input into SCI plans. As a result of this collaboration, VISN 2 has developed three different scenarios for expansion/development of a comprehensive SCI program within VISN 2.

B. Resolution of VISN Level Planning Initiatives

1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Proximity Narrative:

No Impact

2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Your analysis should include the following:

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
    - SCI
    - Blind Rehab
    - SMI
    - TBI
    - Substance Abuse
    - Homeless
    - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

Special Disability Narrative:

Spinal Cord Injury/Disease Planning Initiative

VISN 2 is forecast to need 20 acute and 28 LTC beds dedicated to SCI/D in FY12 and FY22 based on the projection model developed by the SCI/D SHG officials,, the Office of the Actuary and the National CARES Program Office. Currently there are six SCI LTC beds at the Syracuse VAMC, leaving a projected gap of 20 acute and 22 LTC beds.

Data used in the CARES model indicates that VISN 2 had 333 SCI "users" in FY01, who utilized 1,907 BDOC for a total bed demand of approximately six beds. This equates to 5,727 BDOC/1,000 users, well below the projection model national utilization rate of 16,215 BDOC/1,000 users. For planning purposes, the projection model assumes a utilization rate equal to the national average and an increase in users to 384 in FY12 and 373 in FY22.

In the past, VISN 2 Medical Centers have referred SCI patients to VA Medical Centers in other VISNs for inpatient care on SCI units, with the majority of referrals going to the Bronx, Castle Point, East Orange, Cleveland, and West Roxbury. The possible mission change of the Castle Point VA and resultant closure of its SCI

program along with the potential consolidation of the East Orange and Bronx SCI programs would impact on these historical referral patterns and the availability of inpatient services for VISN 2 SCI veterans.

To address these concerns, VISN 2 developed three possible scenarios to expand SCI/D services. The first plan developed and our preferred alternative is to gradually expand the existing inpatient capacity at the Syracuse VAMC, increasing the LTC beds from 6 to 10 over the next 2 to 4 years and also phase in over time a 10 bed acute unit, converting inpatient medical and surgical space as it becomes available to SCI. We would couple the inpatient units with continued use of alternatives to inpatient and LTC such as Home Based Primary Care, Home Health Aide, Home Health Nurse and Telemedicine Program, as well as placement in contract community nursing homes when we can insure that the patient's needs will be appropriately met. This incremental increase of bed capacity would help to manage to costs associated with expansion of the SCI/D program and also to insure that we did not overbuild based on growth projections that may not materialize.

This plan was discussed with representatives from the Eastern Paralyzed Veterans of America, who were not in agreement with an incremental approach. They felt that this plan does not meet the full intent of what consititutes a SCI/D unit and were very supportive of the development of a full 48-bed SCI unit. Based on their input, we have developed 2 alternative plans.

The 2nd alternative call for the construction of a 48 bed SCI/D unit within the Syracuse VAMC. This would necessitate the construction of approximately 65,000 SF of new space, relocation of functions to the new construction to free up space within the Medical Center, and then renovation of the Medical Center space for an SCI/D unit. (It should be noted that the amount of space needed for this alternative is equivalent to approximately 3 floors of the existing Medical Center structure.)

The 3rd alternative is to construct a new SCI/D on the grounds of the Albany VAMC, connected to the existing Medical Center to allow easy transport of patients from the SCI/D unit to other clinical care and administrative areas.

Blind Rehabilitation: VISN 2 does not currently have a BRC and is projected to need only 4 beds in FY12 and 3 beds in FY22. We plan to continue to refer our patients that are in need of BRC services to the BRC in VISN 1. There were no stakeholder issues relating to the Blind Rehab. program raised in VISN 2.

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

No Impact

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

	BDOC Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	54,851	68,011	44,724	51,021	16,992	35,954	8,771	$ 9,513,822
Surgery	27,714	24,960	16,271	20,829	4,133	14,506	1,768	$ 5,941,895
Psychiatry	50,588	62,139	49,305	52,018	10,124	43,262	6,046	$ (22,072,455)
PRRTP	11,571	11,571	11,571	11,571	-	11,571	-	$ (333,681)
NHCU/Intermediate	328,027	328,027	328,027	143,752	184,275	143,752	184,275	$ -
Domiciliary	74,513	74,513	74,513	74,513	-	74,513	-	$ 70,534
Spinal Cord Injury	-	-	-	-	-	-	-	$ (3,548,286)
Blind Rehab	-	-	-	-	-	-	-	$ -
Total	**547,264**	**569,222**	**524,411**	**353,704**	**215,524**	**323,558**	**200,860**	**$ (10,428,171)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	92,059	137,582	90,013	110,042	75,918	$ 9,513,822
Surgery	33,737	39,125	25,499	34,576	24,081	$ 5,941,895
Psychiatry	84,828	118,586	92,659	101,186	84,282	$ (22,072,455)
PRRTP	22,503	30,689	30,689	25,610	25,610	$ (333,681)
NHCU/Intermediate	208,017	208,017	208,017	208,013	208,013	$ -
Domiciliary	85,362	85,438	85,438	85,432	85,432	$ 70,534
Spinal Cord Injury	259	-	-	26,893	26,893	$ (3,548,286)
Blind Rehab	-	-	-	-	-	$ -
Total	**526,765**	**619,438**	**532,315**	**591,752**	**530,229**	**$ (10,428,171)**

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	483,302	615,718	464,840	476,334	139,386	391,048	73,795	$ 105,254,505
Specialty Care	336,657	603,099	463,264	391,152	211,951	340,050	123,216	$ 146,574,776
Mental Health	339,959	337,668	336,399	307,694	29,977	306,646	29,756	$ (17,292,505)
Ancillary& Diagnostic	506,704	673,542	545,604	507,701	165,842	461,852	83,755	$ (2,786,214)
Total	**1,666,622**	**2,230,027**	**1,810,107**	**1,682,881**	**547,156**	**1,499,596**	**310,522**	**$ 231,750,562**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	225,599	311,796	235,451	256,994	209,868	$ 105,254,505
Specialty Care	335,967	689,006	529,239	465,553	404,995	$ 146,574,776
Mental Health	140,109	210,478	209,679	195,482	194,826	$ (17,292,505)
Ancillary& Diagnostic	281,256	445,971	361,137	352,018	318,811	$ (2,786,214)
Total	**982,931**	**1,657,250**	**1,335,506**	**1,270,047**	**1,128,500**	**$ 231,750,562**

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	139,123	139,123	139,123	85,487	109,390	$ (428,857)
Admin	1,104,044	1,580,405	1,327,459	1,269,102	1,149,493	$ -
Outleased	150,532	150,532	150,532	261,927	261,927	N/A
Other	194,527	194,527	194,527	194,527	194,527	$ 747,599
Vacant Space	217,546	-	-	11,099	144,571	$ 105,818,974
Total	**1,805,772**	**2,064,587**	**1,811,641**	**1,822,142**	**1,859,908**	**$ 106,137,716**

II. Market Level Information

A. Central Market

1. Description of Market

a. Market Definition

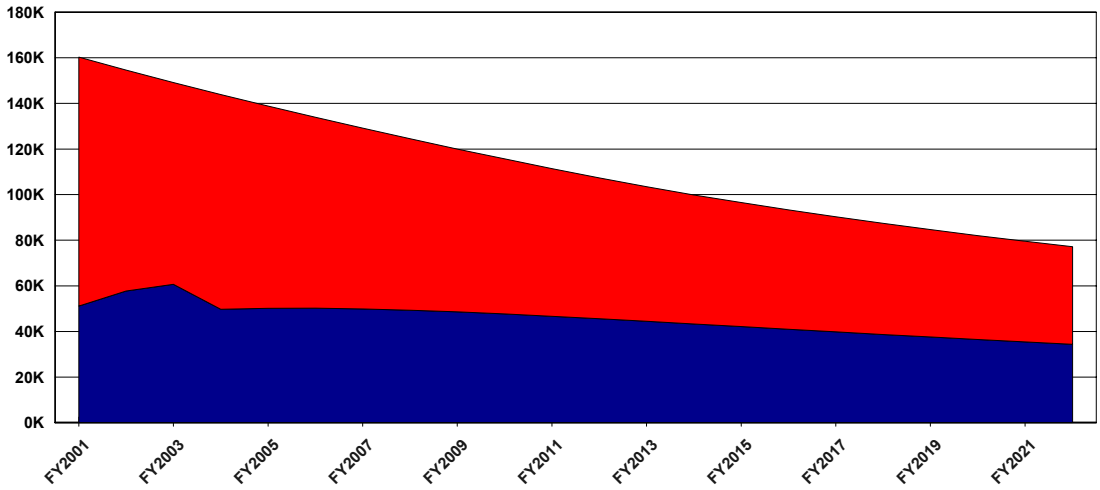
Market	Includes	Rationale	Shared Counties
Central Market **Code: 2B**	13 New York Counties around Syracuse	The Central market includes the city of Syracuse and the largely populated county of Onondaga (38,726). It was constructed based upon an analysis of each county's referral patterns to CBOCs and inpatient facilities, and the proportional share of each county's veterans served. The 2001 veteran population & enrollment for the Central market is 144,935 veterans with 50,004 enrolled equating to a 34.5% market share.	No shared markets have been identified, with relatively few veterans shared with VISN 4's Tioga, NY county. (VISN 4 to include Tioga, NY in planning process)

b. Facility List

Syracuse				
528A7 Syracuse	✔	✔	✔	-
528G5 Auburn	✔	-	-	-
528G9 Cortland	✔	-	-	-
528GL Massena	✔	-	-	-
528GM Rome	✔	-	-	-
528GN Binghamton	✔	-	-	-
528GO Watertown	✔	-	-	-
528GP Oswego	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Central Market						
Market PI	Category	Type of Gap	Feburary 2003 (New)			
			FY2012 Gap	FY2012 % Gap	FY2022 Gap	FY2022 % Gap
	Access to Primary Care (54,701 enrollees)					
	Access to Hospital Care (54,701 enrollees)					
	Access to Tertiary Care (54,701 enrollees)					
PI	Specialty Care Outpatient Stops	Population Based	89,363	102%	44,512	51%
		Treating Facility Based	79,950	90%	38,773	44%
PI	Medicine Inpatient Beds	Population Based	2	4%	-20	-33%
		Treating Facility Based	5	8%	-18	-30%
	Surgery Inpatient Beds	Population Based	-9	-28%	-17	-54%
		Treating Facility Based	-8	-24%	-16	-51%
	Psychiatry Inpatient Beds	Population Based	15	58%	3	11%
		Treating Facility Based	12	69%	2	10%
	Primary Care Outpatient Stops	Population Based	43,422	33%	-2,175	-2%
		Treating Facility Based	27,287	20%	-12,781	-10%
	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	402	1%	208	0%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

The Syracuse VAMC actively solicited input from veterans, veteran organizations, and community partners by creating a series of five CARES Planning Initiatives (PI) presentations during the month of December 2002.

Each of the sessions were directed to specific segments of the stakeholder community in order to achieve maximum effectiveness.

On December 4th, two PI presentations (morning and afternoon sessions) were directed to VA employees. VA employees were also kept informed, subsequently, with the CARES newsletter, distributed vis e-mail and/or hardcopy, as well as by monthly updates as part of "Town Meetings"/General Commumication conferences.

On December 6th, a presentation was devoted solely to the 30-member Syracuse VA Community Advisory Board. The Board, which meets each month, is made up of County/State Veteran Service Officers, Veterans from WWII to the Persian Gulf (including women and minority veterans), service organizations (DAV, American Legion, VFW, Purple Heart, etc), and a representative from the Office of Congressman JAmes Walsh (25th District, New York).

On December 13th, the PI presentation was directed to our affiliate (SUNY Upstate Medical University) and local government officials.

On December 16th, the fifth and final PI session was directed to VA patients, veterans and VA volunteers.

Syracuse VA monthly meetings (e.g., General COmmunication Conference, Supervisors Forum, and the COmmunity Advisory Board, Consumer Advisory Board) and special meetings such as the Dean's Committee of SUNY Upstate University, included a CARES update agenda item for the purpose of keeping our veterans and community partners informed as to the latest progress information.

Some of the recurring comments were:
Many of the attendees, vis verbal and written comments, expressed concern over the data that drove initial projections (i.e., comprehensiveness; validity of the assumptions; accuracy with respect to application of the model assumptions). This extended to concerns that the model did not adequately address new veterans who would be "created" by future wars.

Concern was expressed over the lack of focus on Nursing Home beds and SCI/SCD beds (this latter concern was eventually addressed with the running of the model for SCI&D beds).
Comments expressed concern over the projections, post 2012, for mental health beds and services
Concern over the growing need for specialty services and the corresponding need for providers at our CBOC's
Concern over travel distances in order to access inpatient and specialty care services

Stakeholder input on alternative strategies was received and utilized. However, as it was readily apparent that there was no room for expansion of current facilities at the Syracuse VAMC, the alternatives quickly revolved around contracting for additional services or proposing lease and/or build options to accomodate future demand. In addition, the ROme CBOC, which did have unused space ws suggested for meeting many of the Syracuse VAMC space needs. These approaches form the essence of the Central Market Plan. Subsequent presentation of these alternatives to the aforementioned groups did not meet with any dissention with respect to the feasibility/prudence of the outlined strategies.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Central Market comprises the 13 counties served by the Syracuse VAMC. With the exception of Onondaga County, the home county of the VAMC, the Utica/Rome area in Oneida County and Broome County at the southern-most part of the market, the Market covers mainly rural areas remote from the parent VAMC. Access within the market meets the CARES planning standards (primary care - 80%; Hospital Care - 77%; teritary care - 100%). There were relatively few veterans identified as shared patients across VISN boundaries and no shared planning intiatives.

There were two capacity planning intiatives identified for the Central Market: Outpatient Specialty Care and Inpatient Medicine.

Outpatient Specialty Care is projected to increase significantly from 85,508 visits in FY01 to 168,458 in FY12 (197% of base year) and 127,282 visits in FY22 (149% of base year). To meet this need, the Central Market CARES Team is planning to use a combination of expanding in-house clinical space at the Rome CBOC and contracting out for specialty care in other areas, including the area immediately surrounding the Syracuse VAMC. The Rome CBOC is located in a former Department of Defense healthcare facility and has vacant space that would be suitable for use for specialty care clinics with little renovation. The clinic is also in one of the more urban areas of the market, with a concentration of veteran population that would make adding in-house capacity for specialty care a reasonable alternative. The Syracuse VAMC has almost no space available within the walls of the Medical Center; however, there are several other healthcare providers, including the affiliated Medical College, that are in the immediate vicinity of the VAMC and that would be potential partners in contracting for specialty care.

The need for inpatient medical beds in the Central Market is projected to increase from 18,796 BDOC (61 beds) to 20,232 BDOC (66 beds) in FY12 and then decrease to 13,247 BDOC (43 beds) in FY22. Because of the long term decrease in demand for inpatient services, new construction of additional space was not considered a practical solution to the short term projected gap. Rather, the Central Market plans to address the increased demand through a combination of Fee Basis and contract services with community healthcare facilities for inpatient stays that would not require the services of a tertiary Medical Center.

A potential weakness in the CARES plan for both initiatives in the Central Market is the ability of the VAMC to develop contract with community healthcare providers at acceptable rates.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

No Impact

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**80%**	10,959	**82%**	8,204	**82%**	6,191
Hospital Care	**77%**	12,603	**79%**	9,571	**79%**	7,223
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Syracuse

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Medicine	20,279	1,483	20,229	1,433	5,800	-	-	-	-	-	14,429	$	10,604,597
Surgery	7,581	(2,392)	7,415	(2,558)	600	-	-	-	-	-	6,815	$	7,208,590
Intermediate/NHCU	74,352	-	74,352	-	57,995	-	-	-	-	-	16,357	$	-
Psychiatry	9,118	3,708	9,118	3,708	196	-	-	-	-	-	8,922	$	516,225
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$	-
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$	(3,548,286)
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$	-
Total	**111,330**	**2,799**	**111,114**	**2,583**	**64,591**	**-**	**-**	**-**	**-**	**-**	**46,523**	**$**	**14,781,126**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Primary Care	160,403	27,287	160,403	27,287	28,000	-	-	-	-	-	132,403	$	14,094,696
Specialty Care	168,457	79,949	168,458	79,950	78,000	-	-	-	-	-	90,458	$	81,090,746
Mental Health	43,262	402	43,263	403	-	-	-	-	-	-	43,263	$	(6,691,967)
Ancillary & Diagnostics	207,466	70,542	207,466	70,542	97,000	-	-	-	-	-	110,466	$	4,505,313
Total	**579,588**	**178,180**	**579,590**	**178,182**	**203,000**	**-**	**-**	**-**	**-**	**-**	**376,590**	**$**	**92,998,788**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	41,337	18,368	30,012	7,043	22,969	-	-	-	-	-	22,969	(7,043)
Surgery	12,333	3,711	11,313	2,691	8,622	-	-	-	-	-	8,622	(2,691)
Intermediate Care/NHCU	19,938	-	19,937	(1)	19,938	-	-	-	-	-	19,938	1
Psychiatry	15,459	6,818	15,435	6,794	8,641	-	-	-	4,400	-	13,041	(2,394)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	(259)	26,893	26,634	259	-	-	-	-	-	259	(26,634)
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**89,066**	**28,637**	**103,590**	**43,161**	**60,429**	**-**	**-**	**-**	**4,400**	**-**	**64,829**	**(38,761)**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	80,202	29,041	66,202	15,041	51,161	-	-	-	-	-	51,161	(15,041)
Specialty Care	195,411	121,040	104,931	30,560	74,371	5,800	-	-	-	-	80,171	(24,760)
Mental Health	35,908	16,826	35,908	16,826	19,082	-	-	-	15,000	-	34,082	(1,826)
Ancillary and Diagnostics	132,778	78,235	70,698	16,155	54,543	-	-	-	-	-	54,543	(16,155)
Total	**444,299**	**245,142**	**277,739**	**78,582**	**199,157**	**5,800**	**-**	**-**	**15,000**	**-**	**219,957**	**(57,782)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	28,660	-	31,800	3,140	28,660	-	-	-	-	-	28,660	(3,140)
Administrative	247,291	121,453	169,944	44,106	125,838	-	-	-	-	-	125,838	(44,106)
Other	17,991	-	17,991	-	17,991	-	-	-	-	-	17,991	-
Total	**293,942**	**121,453**	**219,735**	**47,246**	**172,489**	**-**	**-**	**-**	**-**	**-**	**172,489**	**(47,246)**

B. Eastern Market

1. Description of Market

a. Market Definition

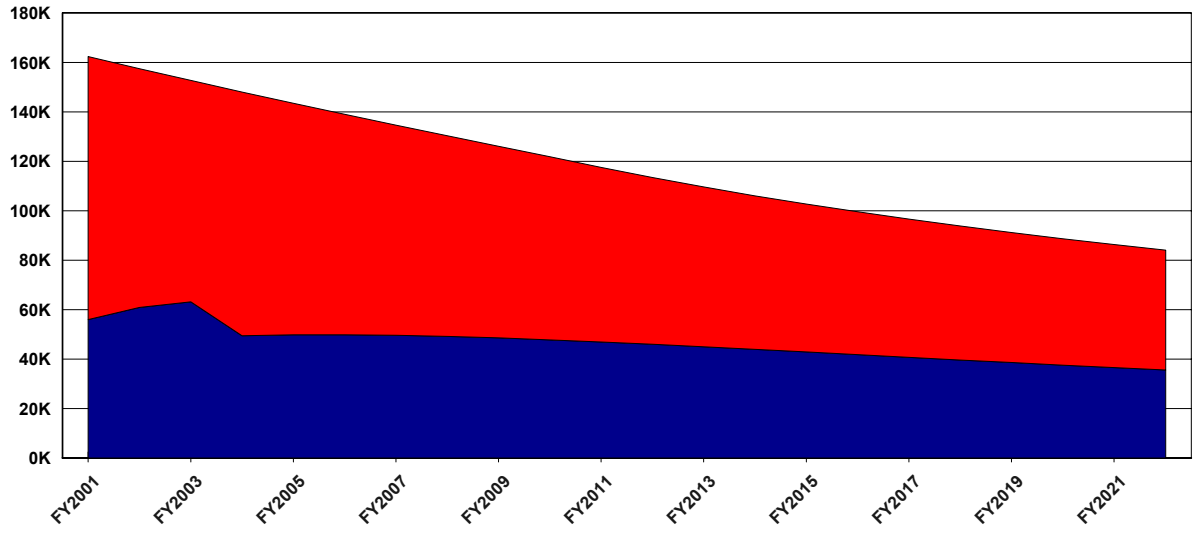
Market	Includes	Rationale	Shared Counties
Eastern Market **Code: 2A**	18 New York Counties around Albany	The Eastern market surrounds the city of Albany and includes four moderately populated counties of Albany (23,774), Schenectady (12,861), Rensselaer (13,248) and Saratoga (16,582). It was constructed based upon an analysis of each county's referral patterns to CBOCs and inpatient facilities, and the proportional share of each county's veterans served. The 2001 veteran population & enrollment for the Eastern market is 138,709 veterans with 55,292 enrolled equating to a 39.9% market share.	The Eastern Market's Ulster County includes a significant number of shared patients with VISN 3, 35% of the total 2989 veterans treated. A significant number of the 2811 enrolled veterans from VISN 1's Berkshire, MA county receive inpatient services at the Albany VAMC (VISN 1 to include Berkshire County in planning process)

b. Facility List

Albany				
528A8 Albany	✓	✓	✓	-
528G1 Malone	✓	-	-	-
528G2 Elizabethtown	✓	-	-	-
528G3 Sidney	✓	-	-	-
528G6 Fonda	✓	-	-	-
528G7 Catskill	✓	-	-	-
528GT Glens Falls	✓	-	-	-
528GV Plattsburgh	✓	-	-	-
528GW Schenectady	✓	-	-	-
528GX Troy	✓	-	-	-
528GY Clifton Park	✓	-	-	-
528GZ Kingston	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Eastern Market						
Market PI	Category	Type of Gap	Feburary 2003 (New)			
			FY2012 Gap	FY2012 % Gap	FY2022 Gap	FY2022 % Gap
	Access to Primary Care (59,333 enrollees)					
	Access to Hospital Care (59,333 enrollees)					
	Access to Tertiary Care (59,333 enrollees)					
PI	Specialty Care Outpatient Stops	Population Based	87,545	119%	51,296	70%
		Treating Facility Based	85,254	117%	50,357	69%
	Medicine Inpatient Beds	Population Based	17	41%	-2	-6%
		Treating Facility Based	18	48%	0	1%
	Surgery Inpatient Beds	Population Based	-1	-5%	-9	-37%
		Treating Facility Based	0	0%	-7	-34%
	Psychiatry Inpatient Beds	Population Based	18	57%	6	20%
		Treating Facility Based	18	66%	8	30%
	Primary Care Outpatient Stops	Population Based	22,454	18%	-14,910	-12%
		Treating Facility Based	23,320	19%	-12,748	-11%
	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	0	0%	0	0%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Narrative:

The Albany VAMC instituted our CARES Planning Initiative involving many stakeholders in the process. A subcommittee was formed which included medical center staff, VFW National Service Officer, and a JWV National Committee woman to discuss the immediate and future impact of CARES on our veterans. A CARES update and summary was presented at the monthly Director's Open Forum, quarterly VAVS meetings, Veteran Serice Officer meetings, and press releases to all newspapers as well as radio and television stations. The Medical Center Director met personally with Congressman John Sweeney and Congressman Michael McNulty to brief them on the CARES initiatives for VISN 2 and the Albany VAMC. Information was also provided to the Dean's Committee and Joint Veterans Council, focusing ont he outpatient specialty care initiatives. We also provided CARES comment cards at the medical center and all of our CBOC's

The stakeholders' main concerns were the possible closing of the Albany VAMC and potential loss of services at the medical center and CBOC's. The CARES team presented our one planning initiative that showed increases in demand for outpatient specialty care over the next 20 years and non-planning initiatives that showed increases in Primary Care visits and Medicine beds in the next ten years, which allayed their concerns.

The stakeholders expressed their appreciation that the information was shared with them, that their concerns were addressed and that we continually kept them apprised of any changes and updates in the process.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Narrative:

The Eastern Market comprises the 18 counties historically served by the Albany VAMC. It includes the moderately populated urban counties of Albany,Schenectady, Rensselaer, and Saratoga immediately surrounding the VAMC, and several more distant rural counties with driving distances to the most remote areas in excess of 2 hours. Due to the concentration of the majority of the veteran population in the urban counties, access is very good (primary care - 85%; hospital care - 86%; teritary care- 1005). The Eastern Market shares boundaries with VISNs 1 and 3 and there is significant patient movement across the VISNs. There are several CBOC's established close to VISN boundaries (two of which were originally planned and opened as joint endeavors)and veterans living in these areas oftern seek primary care in one VISN and specialty and/or inpatient care in another. This was discussed between the VISNs as part of the CARES planning process and it was decided to leave the patient referral patterns unchanged.

The only CARES Planning Initiative for the Eastern Market was a significant increase in the demand for specialty outpatient services over the FY01 baseline in both FY12 and FY22. Outpatient visits were projected to increase from 72,968 in FY01 to 158,221 (117% variance)in FY12 and 123,325 (69% variance)in FY22. The peak demand for services will occur in FY07 with a projected workload of 167,971 visits. The Eastern Market plans to address this workload increase through a combination of contracting out for some specialty services in selected area and expanding specialty services at the Albany VAMC. Capacity at the VAMC will be increased by converting some vacant space to additional clinical space and also by expanding the hours of clinic operations to include evening and weekend hours. In addition, contracts for outpatient specialty care will be developed in areas remote from the VAMC that currently have established CBOC's for primary care and in the urban areas surrounding the VAMC. The rationale for this approach is twofold: contracting for specialty services in remote areas will help insure that veterans in distant areas have access to specialty care convenient to where they receive their primary care; and contracting for some specialty services in the areas close to the parent VAMC will help to fee up space within the VA for services we definitely wish to keep in-house.

This plan gives us the opportunity to provide more coordinated care closer to the veterans' homes. Possible weaknesses that need to be considered is the

availability of the specialty services we need in the community and our ability to negotiate a contracted rate. The Medicare rate may be problematic in areas where there is an existing shortage of specialty care providers.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

No Impact

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**85%**	8,847	**85%**	6,899	**85%**	5,338
Hospital Care	**86%**	8,257	**86%**	6,439	**86%**	4,982
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Albany

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Medicine	17,220	5,587	17,814	6,181	850	-	-	-	-	-	16,964	$	(9,840,572)
Surgery	6,568	(30)	6,572	(26)	195	-	-	-	-	-	6,377	$	(577,722)
Intermediate/NHCU	68,681	-	68,681	-	57,693	-	-	-	-	-	10,988	$	-
Psychiatry	14,126	5,629	14,127	5,630	3,000	-	-	-	-	-	11,127	$	7,301,031
PRRTP	116	-	42	(74)	-	-	-	-	-	-	42	$	26,239
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$	-
Total	**106,712**	**11,187**	**107,236**	**11,711**	**61,738**	**-**	**-**	**-**	**-**	**-**	**45,498**	**$**	**(3,091,024)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Primary Care	143,594	23,318	143,594	23,318	29,800	-	-	-	-	-	113,794	$	26,594,839
Specialty Care	158,220	85,252	158,220	85,253	35,000	-	-	-	-	-	123,220	$	81,440,340
Mental Health	75,227	(428)	75,227	(428)	-	-	-	-	-	-	75,227	$	-
Ancillary & Diagnostics	176,524	45,212	176,524	45,212	10,000	-	-	-	-	-	166,524	$	693,561
Total	**553,564**	**153,353**	**553,565**	**153,354**	**74,800**	**-**	**-**	**-**	**-**	**-**	**478,765**	**$**	**108,728,740**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	36,622	8,782	36,812	8,972	27,840	-	-	5,000	-	-	32,840	(3,972)
Surgery	10,577	(1,268)	10,586	(1,259)	11,845	-	-	-	-	-	11,845	1,259
Intermediate Care/NHCU	21,630	-	21,628	(2)	21,630	-	-	-	-	-	21,630	2
Psychiatry	32,210	13,519	25,370	6,679	18,691	-	-	5,000	-	-	23,691	(1,679)
PRRTP	8,186	8,186	2,964	2,964	-	-	-	-	-	-	-	(2,964)
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**109,225**	**29,219**	**97,360**	**17,354**	**80,006**	**-**	**-**	**10,000**	**-**	**-**	**90,006**	**(7,354)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	76,105	21,202	60,311	5,408	54,903	-	-	-	8,634	-	63,537	3,226
Specialty Care	207,268	124,052	161,418	78,202	83,216	10,000	-	35,000	-	-	128,216	(33,202)
Mental Health	41,375	8,995	41,375	8,995	32,380	-	-	-	-	-	32,380	(8,995)
Ancillary and Diagnostics	118,271	35,284	111,571	28,584	82,987	2,900	-	-	-	-	85,887	(25,684)
Total	**443,019**	**189,533**	**374,675**	**121,189**	**253,486**	**12,900**	**-**	**35,000**	**8,634**	**-**	**310,020**	**(64,655)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	37,245	-	23,938	(13,307)	37,245	-	-	-	-	-	37,245	13,307
Administrative	347,799	129,827	292,624	74,652	217,972	-	-	-	-	-	217,972	(74,652)
Other	31,787	-	31,787	-	31,787	-	-	-	-	-	31,787	-
Total	**416,831**	**129,827**	**348,349**	**61,345**	**287,004**	**-**	**-**	**-**	**-**	**-**	**287,004**	**(61,345)**

C. Finger Lakes & Southern Tier Market

1. Description of Market

a. Market Definition

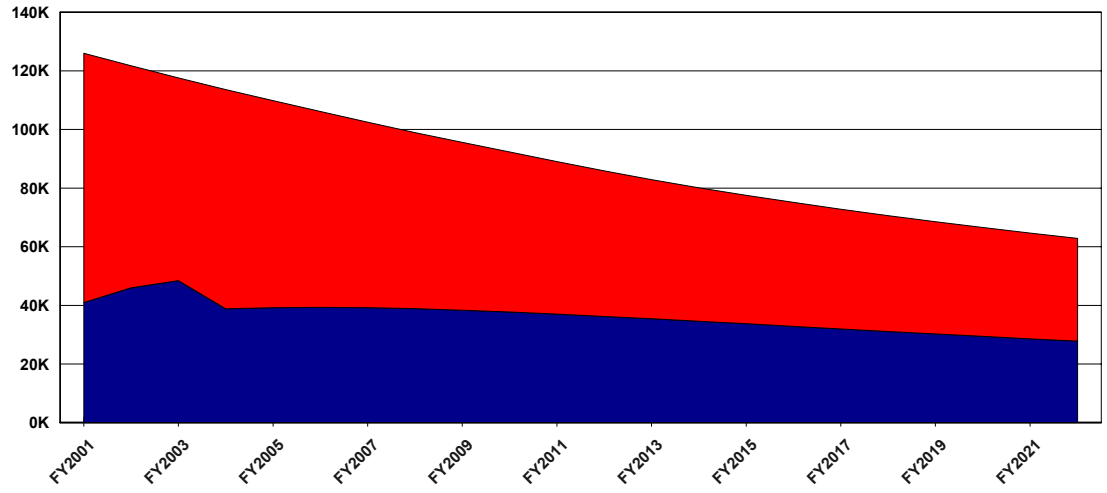
Finger Lakes/Southern Tier Market code: 2C			
Sub-markets	**Includes**	**Rationale**	**Shared Counties**
Finger Lakes Sub Market **Code: 2C-1**	5 New York Counties around Rochester	The Finger Lakes Region was identified, encompassing highly populated Monroe County (55,121) as well as four more sparsely populated counties to the south and east of Rochester. The Finger Lakes Sub Market has a significantly high enrolled veteran population of 24,124.	
Sub-markets	**Includes**	**Rationale**	**Shared Counties**
Southern Tier Sub Market **Code: 2C-2**	5 New York Counties 2 Pennsylvania Counties	The Southern Tier Region, consisting of 7 counties, contains a disproportionately high veteran market share of 50.3%, providing services to area veterans through Southern Tier community-based clinics and inpatient facilities. The Southern Tier Sub Market has a significantly high enrolled veteran population of 16,399.	The relatively small number of veterans in Potter, PA and Tioga, PA (1812, and 4474 respectively) do not require the creation of a shared market with VISN 4. (VISN 2 to include Potter, PA and Tioga, PA in planning process)

b. Facility List

Bath				
528A6 Bath	✔	✔	-	-
528G4 Elmira	✔	-	-	-
528G8 Wellsville	✔	-	-	-
Canandaigua				
528A5 Canandaigua	✔	✔	-	-
528GE Rochester	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** -----**Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

Market PI	Category	Type of Gap	Feburary 2003 (New)			
			FY2012 Gap	FY2012 % Gap	FY2022 Gap	FY2022 % Gap
	Access to Primary Care (44,246 enrollees)					
	Access to Hospital Care (44,246 enrollees)					
	Access to Tertiary Care (44,246 enrollees)					
PI	Specialty Care Outpatient Stops	Population Based	61,316	102%	32,188	54%
		Treating Facility Based	73,394	173%	46,837	111%
PI	Primary Care Outpatient Stops	Population Based	46,511	50%	12,241	13%
		Treating Facility Based	56,645	66%	22,849	26%
PI	Medicine Inpatient Beds	Population Based	22	89%	6	23%
		Treating Facility Based	8	57%	0	-2%
	Surgery Inpatient Beds	Population Based	8	93%	2	25%
		Treating Facility Based	0	39%	0	-5%
	Psychiatry Inpatient Beds	Population Based	2	4%	-7	-11%
		Treating Facility Based	3	4%	-6	-9%
	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	0	0%	0	0%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

(Separate entries for the Finger Lakes and Southern Tier Submarkets)
FINGERLAKES:
The Canandaigua VAMC actively solicited input from veterans, veteran organizations, community partners and other stakeholder groups by creating a series of CARES PLanning Initiatives (PI) presentations during the month of December 2002. The CARES Planning Initiatives for the Canandaigua VA were presented and input was solicited from employees, volunteers, congressional representatives, academic affiliate (University of Rochester/Strong Memorial Hospital), union officials and a variety of other stakeholder group representatives. Some of the key stakeholder groups that we collaborated with were: DAV, American Legion and Auxiliary, Vietnam Veterans of America, Masons, WAVES, Italian American War Veterans and Auxiliary, AARP, BPO Elks, representatives from Congressman Sherwood Boehlert's office and Congresswoman Louise Slaughter's office, Canandaigua City Mayor Ellen Polimeni, Canandaigua VA Consumer Council, ROPC Consumer Council, and the Salvation Army. CARES comment cards were distributed after each meeting and attached to each Communique to gather any additional comments or questions.

DIscussions with stakeholder groups focused on meeting the increased need for services and improving access for that care. The solutions that were arrived at and that were explored for feasibility (space, cost, access and other factors) for implementation were adding to the existing infrastructure or partnering with community providers to improve access and meet the increased demand for services.

In February and March the preferred and alternative solutions for the market plan were again discussed with stakeholder groups.

Throughout the CARES Process the Canandaigua VA sent information to stakeholder leadership about the CARES process along with the national CARES brochure. CARES posters were hung. A CARES Communique (newsletter) was developed and distributed. CARES comment cards and drop-off boxes were placed in key areas throughout the medical center and at the ROPC. During the entire CARES process few comment cards have been returned andthose that were expressed they understood the need for CARES, which ws to put resource dollars where they are needed and not in infrastructure.

SOUTHERN TIER:

The Bath VAMC presented a series of 3 CARES Planning Initiative (PI) meetings during the month of December 2002.

December 4th: All Employee PI power point presentation held at 8:00 AM, 12:00 Noon, and 3:00 PM.

December 6th: PI power point presentation devoted solely to VSO's and COngressional members, VSO's or delegates representing our seven county service area were in attendance as well as representatives from Congressman Amory Houghton and State Senator Randy Kuhls office.

December 13th: PI presentation luncheon to 80 members of the VA voluntary Service Committee, representing 40 service, civic and fraternal organizaitons such as DAV, VFW, Elks, Vietnam Veterans, American Legion, NARFE. Community agencies invited included, among others, Office of Mental Health, Catholic Charities, Office of the Aging, Department of Social Services.

Recurring comments from stakeholders:
Planning Initiatives identified for the Finger Lakes/Southern Tier Market area that needed to be addressed were an increase in medical and surgical inpatient beds and a significant increase in demand for primary and specialty care.
There were no written comments received to date
Verbal comments expressing concern over the data that drove initial projections (comprehensiveness, accuracy with respect to application of model assumptions, etc).
Availability of data for Planning Initiatives for Nursing Home Care, Domiciliary Housing and outpatient mental health.
High percentage of unused space in Finger Lakes/Southern Tier Market area

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Finger Lakes/Southern Tier Market is comprised of two submarkets that serve different veteran populations and have very different needs for future planning. No shared markets with other VISNs were identified for either submarket. 80% of veterans within the Market reside within the access guidelines for primary care, 98%for hospital care and 100% for tertiary care. There were three CARES Planning Initiatives for the FL/ST Market - Inpatient Medicine, Outpatient Specialty Care, and Primary Care.

The Finger Lakes Submarket is comprised of 5 counties in the northern part of the Market, including the highly populated area around the City of Rochester in Monroe County and is served by the Canandaigua VAMC. The FL submarket is projected to have a significant increase in the demand for specialty services from the FY01 baseline of 25,752 visits to 68,119 in FY12 (165% increase over base year) and then a slight decrease from FY12 to 54,563 in FY22 (112% increase over base year). The preferred alternative is to manage all workload up to the baseline level at existing sites (Canandaigua VAMC and Rochester OPC) and contract out any increase in workload over the baseline level to non-VA healthcare providers. To manage the increased workload in-house would require extensive space renovations at Canandaigua and a new leased facility to meet the needs of Monroe County. Both options would be cost-prohibitive. The FL submarket is also projected to have an increased demand for Inpatient Medicine Services from 580 BDOC in FY01(1.5 Beds) to 6,932 BDOC (16 Beds) in FY12 and 4,498 BDOC in FY22 (11 Beds). (Part of this increased demand is due to the reallocation of workload from Buffalo and Syracuse VAMCs back to the FL submarket.) Since Canandaigua VAMC has managed Inpatient Medicine services by contract since 1998 and has no in-house capacity, they plan to manage the increase in demand for care with contract services also. Outpatient Primary Care for the FL submarket is projected to increase from 44,634 visits in FY01 to 81,530 visits in FY12 (182% increase) and 63,634 visits in FY22 (143 % increase). Again, the preferred alternative for managing the increased workload is to contract for services with non-VA healthcare providers for any workload over the FY01 baselevel.

The Southern Tier Submarket is comprised of five counties in New York and two counties in Pennsylvania, all rural in nature and served the the Bath VAMC.

Since two of the counties served are in Pennsylvania, CARES planning was discussed with VISN 4 and it was decided that the relatively low veteran population in both counties did not require creation of a shared market. The ST submarket is projected to have a increased need for Specialty Care from 16,592 visits in FY01 to 47,619 visits in FY12 (287% increase) and 34,619 visits in FY22 (209% increase over the base year). Further review of the utilization data revealed that the most growth was projected to take place in more remote counties served by CBOC. The preferred alternative is to provide for the increased demand for care through contracts with non-VA providers near the CBOC's where the veterans receive primary care. There is also a projected small increase in the demand for Inpatient Medicine Beds in the ST submarket, from 4,060 BDOC in FY01 (13 beds) to 5,305 BDOC in FY12 (17 beds) and then a subsequent decrease to 3,108 BDOC in FY22 (10 beds). Since the additional need is so small and projected to decrease over the 20 year period, we plan to address the need through contracting for inpatient care in areas that are served by iur existing CBOC's.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

No Impact

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**80%**	8,890	**81%**	6,889	**81%**	5,286
Hospital Care	**98%**	889	**98%**	725	**98%**	556
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Bath

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	5,334	1,274	5,300	1,240	3,000	-	-	-	-	-	2,300	$ (17,570,603)
Surgery	-	-	1,074	1,074	1,074	-	-	-	-	-	-	$ (31,333,004)
Intermediate/NHCU	39,428	-	39,428	-	-	-	-	-	-	-	39,428	$ -
Psychiatry	811	605	342	136	342	-	-	-	-	-	-	$ (1,493,826)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	60,690	-	60,740	50	-	-	-	-	-	-	60,740	$ (68,608)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**106,263**	**1,879**	**106,884**	**2,500**	**4,416**	**-**	**-**	**-**	**-**	**-**	**102,468**	**$ (50,466,041)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	61,353	19,747	61,353	19,747	686	-	-	-	-	-	60,667	$ (665,099)
Specialty Care	47,617	31,025	47,617	31,025	30,719	-	-	-	-	-	16,898	$ (1,036,907)
Mental Health	45,135	(1,043)	45,136	(1,042)	647	-	-	-	-	-	44,489	$ (329,516)
Ancillary & Diagnostics	46,781	10,705	46,781	10,705	3,000	-	-	-	-	-	43,781	$ (33,288)
Total	**200,885**	**60,433**	**200,887**	**60,435**	**35,052**	**-**	**-**	**-**	**-**	**-**	**165,835**	**$ (2,064,810)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	16,642	8,202	7,176	(1,264)	8,440	1,500	-	-	-	-	9,940	2,764
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	61,637	-	61,637	-	61,637	-	-	-	-	-	61,637	-
Psychiatry	1,315	1,315	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	68,052	-	68,108	56	68,052	-	-	-	-	-	68,052	(56)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**147,647**	**9,518**	**136,921**	**(1,208)**	**138,129**	**1,500**	**-**	**-**	**-**	**-**	**139,629**	**2,708**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	30,677	8,300	30,334	7,957	22,377	-	-	-	3,657	-	26,034	(4,300)
Specialty Care	59,045	44,692	20,954	6,601	14,353	-	-	1,500	230	-	16,083	(4,871)
Mental Health	24,825	12,945	24,469	12,589	11,880	-	-	7,500	500	-	19,880	(4,589)
Ancillary and Diagnostics	37,425	8,705	35,025	6,305	28,720	-	-	-	-	-	28,720	(6,305)
Total	**151,971**	**74,641**	**110,782**	**33,452**	**77,330**	**-**	**-**	**9,000**	**4,387**	**-**	**90,717**	**(20,065)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	3,778	-	-	(3,778)	3,778	-	-	-	-	-	3,778	3,778
Administrative	276,090	76,118	225,410	25,438	199,972	-	-	-	-	-	199,972	(25,438)
Other	61,091	-	61,091	-	61,091	-	-	-	-	-	61,091	-
Total	**340,959**	**76,118**	**286,501**	**21,660**	**264,841**	**-**	**-**	**-**	**-**	**-**	**264,841**	**(21,660)**

4. Facility Level Information – Canadaigua

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	1,931	1,351	6,930	6,350	6,930	-	-	-	-	-	-	$ (81,614,689)
Surgery	224	62	2,047	1,885	2,047	-	-	-	-	-	-	$ (52,361,973)
Intermediate/NHCU	43,872	-	43,872	-	6,581	-	-	-	-	-	37,291	$ -
Psychiatry	21,021	170	21,491	640	-	-	-	-	-	-	21,491	$ (3,826,579)
PRRTP	7,998	-	8,046	48	-	-	-	-	-	-	8,046	$ (226,026)
Domiciliary	13,762	-	13,773	11	-	-	-	-	-	-	13,773	$ (32,957)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**88,807**	**1,582**	**96,159**	**8,934**	**15,558**	**-**	**-**	**-**	**-**	**-**	**80,601**	**$ (138,062,224)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	81,528	36,895	81,528	36,895	36,900	-	-	-	-	-	44,628	$ 55,336,424
Specialty Care	68,116	42,365	68,117	42,366	42,360	-	-	-	-	-	25,757	$ (8,305,119)
Mental Health	87,011	(1,368)	87,011	(1,367)	-	-	-	-	-	-	87,011	$ (1,363,448)
Ancillary & Diagnostics	73,147	20,351	73,147	20,351	4,961	-	-	-	-	-	68,186	$ (2,318,752)
Total	**309,801**	**98,243**	**309,803**	**98,245**	**84,221**	**-**	**-**	**-**	**-**	**-**	**225,582**	**$ 43,349,105**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	120	120	-	-	-	-	-	-	-	-	-	-
Surgery	45	45	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	58,635	-	58,635	-	58,635	-	-	-	-	-	58,635	-
Psychiatry	34,054	(1,236)	34,815	(475)	35,290	-	-	-	-	-	35,290	475
PRRTP	17,311	-	17,415	104	17,311	-	-	-	-	-	17,311	(104)
Domiciliary program	17,310	-	17,324	14	17,310	-	-	-	-	-	17,310	(14)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**127,475**	**(1,071)**	**128,189**	**(357)**	**128,546**	**-**	**-**	**-**	**-**	**-**	**128,546**	**357**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	40,764	12,612	22,314	(5,838)	28,152	-	-	-	-	-	28,152	5,838
Specialty Care	74,929	60,304	28,333	13,708	14,625	8,200	-	-	-	-	22,825	(5,508)
Mental Health	47,856	10,861	47,856	10,861	36,995	-	-	-	3,000	-	39,995	(7,861)
Ancillary and Diagnostics	56,323	13,504	52,503	9,684	42,819	-	-	-	-	-	42,819	(9,684)
Total	**219,872**	**97,281**	**151,006**	**28,415**	**122,591**	**8,200**	**-**	**-**	**3,000**	**-**	**133,791**	**(17,215)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(426)	-	(426)	426	-	-	-	-	-	426	426
Administrative	292,129	81,664	234,524	24,059	210,465	-	-	-	-	-	210,465	(24,059)
Other	32,225	-	32,225	-	32,225	-	-	-	-	-	32,225	-
Total	**324,354**	**81,238**	**266,749**	**23,633**	**243,116**	**-**	**-**	**-**	**-**	**-**	**243,116**	**(23,633)**

D. Western Market

1. Description of Market

a. Market Definition

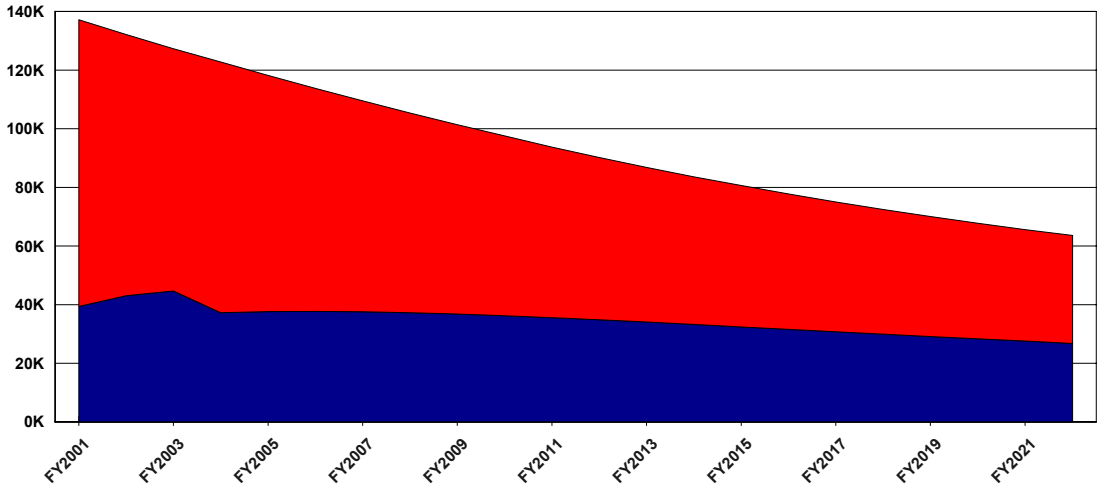
Market	Includes	Rationale	Shared Counties
Western Market **Code: 2D**	6 New York Counties around Buffalo	The Western market includes the city of Buffalo and the largely populated county of Erie (84,027). It was constructed based upon an analysis of each county's referral patterns to CBOCs and inpatient facilities, and the proportional share of each county's veterans served. The 2001 veteran population & enrollment for the Western market is 124,052 veterans with 37,644 enrolled equating to a 30.3% market share.	No shared markets with VISN 4 have been identified among the six counties composing the Western Market. Of the 3742 veterans treated in VISN 4's Chautauqua, NY county, 2421 or 65% are now seen within VISN 2, primarily at the Jamestown and Dunkirk CBOCs. VISN 4 will include Chautauqua County in its planning process, unless an official re-designation is made from VISN 4 to VISN 2.

b. Facility List

Batavia				
528A4 Upstate New York HCS-Batavia	✔	-	-	-
Buffalo				
528 Upstate New York HCS	✔	✔	✔	-
528GB Jamestown	✔	-	-	-
528GC Dunkirk	✔	-	-	-
528GD Niagara Falls	✔	-	-	-
528GK Lockport	✔	-	-	-
528GQ Lackwanna	✔	-	-	-
528GR Olean	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Western Market						
Market PI	Category	Type of Gap	Feburary 2003 (New)			
			FY2012 Gap	FY2012 % Gap	FY2022 Gap	FY2022 % Gap
	Access to Primary Care (43,116 enrollees)					
	Access to Hospital Care (43,116 enrollees)					
	Access to Tertiary Care (43,116 enrollees)					
	Psychiatry Inpatient Beds	Population Based	3	6%	-7	-13%
		Treating Facility Based	5	9%	-8	-15%
	Medicine Inpatient Beds	Population Based	-1	-1%	-18	-36%
		Treating Facility Based	11	18%	-14	-22%
	Surgery Inpatient Beds	Population Based	-6	-25%	-13	-51%
		Treating Facility Based	-1	-4%	-13	-38%
	Primary Care Outpatient Stops	Population Based	22,215	20%	-10,807	-10%
		Treating Facility Based	25,172	18%	-15,776	-11%
	Specialty Care Outpatient Stops	Population Based	25,398	25%	-4,771	-5%
		Treating Facility Based	27,854	21%	-9,354	-7%
	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	145	0%	0	0%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

CARES comments were colicited for the Western Market in a number of ways. These initiatives were carried out by our Network Communication Council with local appliation described here.

At both the Buffalo and Batavia sites, lecterns were placed in visible areas with Comment Cards and other CARES information available. This resulted in two comments.
Business First ran an article regarding local impact. The Buffalo News ran an AP story. The Batavia Daily News ran Dr. MacKay's op-ed. Other publications also carried information about CARES; one of these publications was the Empire AMVET. Local veterans newsletters also included CAREs information.
The CARES Communique was a Network publication localized for each of the Markets in our VISN. The Western Market CARES Communique ws widely distributed to employees, unions, affiliates, CBOC's, Veteran Service Organizations, and volunteers. A comment card ws included in every edition.
Employee town meetings were held at both sites specifically addressing CARES. Updates addressed at subsequent meetings. E-mail from the VAMC Director regarding CARES sent out.
CARES topic was included at local leadership meetings, VAVS, VSO's from nine Western counties, Union, Affiliation, Congressional Veterans Advisory Council which includes representatives from Vietnam Veterans, Eastern Paralyzed Veterans of America, County VSO's, NYS Division of Veterans Affairs, AMVETS, DAV, VFW, COmmanders from all VSOs in WNY and stakeholder meetings.

In summary, printed materials, meetings and video were utilized in providing information to all of our stakeholders with updates. Comments were solicited at meetings and on printed material. Mostly, comments received were to better understand CARES and local impact. Input received ws limited and could be due to the minimal impact of changes due to CARES in the Western NY Market.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Western Market includes the six counties surrounding the city of Buffalo (the largest urban area in Upstate New YOrk) and is the smallest Market in terms of geographical area but the largest in terms of veteran population.
There are two VAMC's in Market - a teriary Medical Center in Buffalo and a Long Term Care Medical Center in Batavia. The Western Market shares a boundary with VISN 4 and veterans travel between the two VISNs for care. After discussion with VISN 4 representatives, it was decided not to make any changes in cross-VISN referral patterns or projected workload.

The Western Market is the only Market in VISN 2 that had no CARES planning initiatives identified. All projected increases in workload can be managed in-house without extensive renovations or reallocation of space.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

No Impact

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**91%**	3,889	**91%**	3,136	**91%**	2,410
Hospital Care	**100%**	-	**100%**	-	**100%**	-
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Batavia

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

NCA indicated that they were interested in exploring the possibility of acquiring land on the Batavia campus for construction of a national cemetery. The current minimal standard to build a cemetery is 20 acreas and Batavia does not meet this requirement with the exception of utilizing the acerage immediately in front of the Medical Center. It was decided that utilization of this space would not meet the screen of proper planning of resources and/or good patient care setting. We alse explored placing a stand free crypt on the back of the Medical Center grounds in an area physically separated from the Medical Center. At this time, NCA does not build stand free crypts. In addition, the cost to land fill the targeted area (unmaintained pond) was determined to be too costly to pursue. Mutual agreement between VAMC and NCA that development of land as national cemetery was not feasible.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	95	(28)	-	(123)	-	-	-	-	-	-	-	$ 1,515,307
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	40,375	-	40,375	-	10,498	-	-	-	-	-	29,877	$ -
Psychiatry	6,479	-	586	(5,893)	-	586	-	-	-	-	-	$ 10,839,676
PRRTP	3,457	-	3,483	26	-	-	-	-	-	-	3,483	$ (133,894)
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**50,406**	**(28)**	**44,444**	**(5,990)**	**10,498**	**586**	**-**	**-**	**-**	**-**	**33,360**	**$ 12,221,089**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	20,439	583	20,440	584	-	-	-	-	-	-	20,440	$ -
Specialty Care	14,963	6,407	8,503	(53)	-	-	-	-	-	-	8,503	$ 11,324,759
Mental Health	9,184	112	9,184	112	2,000	-	-	-	-	-	7,184	$ (1,822,004)
Ancillary & Diagnostics	5,268	(1,245)	5,268	(1,245)	-	-	-	-	-	-	5,268	$ -
Total	**49,854**	**5,857**	**43,395**	**(602)**	**2,000**	**-**	**-**	**-**	**-**	**-**	**41,395**	**$ 9,502,755**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	35,245	-	35,244	(1)	35,245	-	-	-	-	-	35,245	1
Psychiatry	10,496	10,496	-	-	-	-	-	-	-	-	-	-
PRRTP	5,192	-	5,231	39	5,192	-	-	-	-	-	5,192	(39)
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**50,933**	**10,496**	**40,475**	**38**	**40,437**	**-**	**-**	**-**	**-**	**-**	**40,437**	**(38)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	12,060	(4,167)	12,060	(4,167)	16,227	-	-	-	-	-	16,227	4,167
Specialty Care	19,304	14,749	10,969	6,414	4,555	4,000	-	-	-	-	8,555	(2,414)
Mental Health	7,623	2,345	5,963	685	5,278	-	-	-	-	-	5,278	(685)
Ancillary and Diagnostics	5,057	(5,182)	5,057	(5,182)	10,239	-	-	-	-	-	10,239	5,182
Total	**44,043**	**7,744**	**34,049**	**(2,250)**	**36,299**	**4,000**	**-**	**-**	**-**	**-**	**40,299**	**6,250**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	85,479	16,698	67,072	(1,709)	68,781	-	-	-	-	-	68,781	1,709
Other	11,869	-	11,869	-	11,869	-	-	-	-	-	11,869	-
Total	**97,348**	**16,698**	**78,941**	**(1,709)**	**80,650**	**-**	**-**	**-**	**-**	**-**	**80,650**	**1,709**

4. Facility Level Information – Buffalo

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	23,152	3,493	17,740	(1,919)	412	-	-	-	-	-	17,328	$ 106,419,782
Surgery	10,587	(394)	7,854	(3,127)	217	-	-	-	-	-	7,637	$ 83,006,004
Intermediate/NHCU	61,319	-	61,319	-	51,508	-	-	-	-	-	9,811	$ -
Psychiatry	10,585	1,440	16,478	7,333	6,000	-	-	-	-	-	10,478	$ (35,408,982)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	61	-	-	(61)	-	-	-	-	-	-	-	$ 172,099
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**105,704**	**4,539**	**103,391**	**2,226**	**58,137**	**-**	**-**	**-**	**-**	**-**	**45,254**	**$ 154,188,903**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	148,402	24,587	148,402	24,587	44,000	-	-	-	-	-	104,402	$ 9,893,645
Specialty Care	145,727	21,443	152,188	27,905	25,872	-	-	-	-	-	126,316	$ (17,939,043)
Mental Health	77,849	34	77,850	34	27,330	-	-	-	-	-	50,520	$ (7,085,570)
Ancillary & Diagnostics	164,357	21,274	164,357	21,275	50,881	-	-	-	-	-	113,476	$ (5,633,048)
Total	**536,335**	**67,339**	**542,797**	**73,801**	**148,083**	**-**	**-**	**-**	**-**	**-**	**394,714**	**$ (20,764,016)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)											
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance f 2001**								**Space Needed/ Moved to Vacant**
Medicine	42,861	10,051	36,042	3,232	32,810	-	-	-	-	-	32,810	(3,232)
Surgery	16,170	2,900	12,677	(593)	13,270	-	-	-	-	-	13,270	593
Intermediate Care/NHCU	10,932	-	10,932	-	10,932	-	-	-	-	-	10,932	-
Psychiatry	25,053	2,847	25,566	3,360	22,206	-	-	-	-	-	22,206	(3,360)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	76	76	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**95,092**	**15,874**	**85,217**	**5,999**	**79,218**	**-**	**-**	**-**	**-**	**-**	**79,218**	**(5,999)**
	Space (GSF) (from demand projections)											
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance f 200**								**Space Needed/ Moved to Vacant**
Primary Care	71,990	19,211	65,773	12,994	52,779	-	-	-	-	-	52,779	(12,994)
Specialty Care	133,049	(11,798)	138,948	(5,899)	144,847	-	-	-	-	-	144,847	5,899
Mental Health	52,891	18,397	39,911	5,417	34,494	-	-	-	-	-	34,494	(5,417)
Ancillary and Diagnostics	96,116	34,168	77,164	15,216	61,948	-	-	-	-	-	61,948	(15,216)
Total	**354,046**	**59,978**	**321,796**	**27,728**	**294,068**	**-**	**-**	**-**	**-**	**-**	**294,068**	**(27,728)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance f 200**								**Space Needed/ Moved to Vacant**
Research	69,014	-	29,749	(39,265)	69,014	-	-	-	-	-	69,014	39,265
Administrative	331,617	50,601	279,528	(1,488)	281,016	-	-	-	-	-	281,016	1,488
Other	39,564	-	39,564	-	39,564	-	-	-	-	-	39,564	-
Total	**440,195**	**50,601**	**348,841**	**(40,753)**	**389,594**	**-**	**-**	**-**	**-**	**-**	**389,594**	**40,753**